

# Covid-19 Screening Questions

1. Have you tested positive for COVID-19? Have you been around anyone that has tested positive for COVID-19?

2. Do you have a fever or anyone in your household experiencing a fever(100.4 or higher) or had a fever in the past 72 hours?

3. Are you or anyone in your household experiencing:

shortness of breath

difficulty breathing

coughing unrelated to any diagnosed medical conditions (I.e allergies)